

**ADHD Genetic/Sib Study Screening Form—WEB site**

Affected child's name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M F Birth Weight: \_\_\_\_\_

Ethnicity: Hispanic Non-Hispanic

Race: 1. American Indian / Alaska native 2. Asian 3. Black/African American  
4. White 5. Hispanic /Latino 6. Native Hawaiian /Pacific Islander

ADHD diagnosed at what age? \_\_\_\_\_ Meds/dosage \_\_\_\_\_

Other diagnoses, health concerns: \_\_\_\_\_

**Please obtain medical records which document the child's diagnosis of ADHD. We especially want any raw scores from any testing that was done to confirm diagnosis.**

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**Mother's name:** \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w)

Best time to call: \_\_\_\_\_ Place of employment \_\_\_\_\_

Email \_\_\_\_\_ Ethnicity: Hispanic Non Hispanic

Race: 1. American Indian / Alaska native 2. Asian 3. Black/African American  
4. White 5. Hispanic/Latino 6. Native Hawaiian/Pacific Islander

Ethnicity & Race of your Mother \_\_\_\_\_ Father \_\_\_\_\_

Diagnosed w ADHD? \_\_\_\_\_ When? \_\_\_\_\_ Other diagnoses: \_\_\_\_\_

Medications/ dosage: \_\_\_\_\_

**Father's name:**\_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:**\_\_\_\_\_

**SSN #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Telephone:**\_\_\_\_\_ (h) \_\_\_\_\_ (w)

**Best time to call** \_\_\_\_\_ **Place of employment** \_\_\_\_\_

**Email**\_\_\_\_\_ **Ethnicity:** Hispanic Non Hispanic

**Race:** 1. American Indian or Alaska native 2. Asian 3. Black/African American  
4. White 5. Hispanic/ Latino 6. Native Hawaiian /Pacific Islander

**Ethnicity & race of your Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

**Diagnosed with ADHD?** \_\_\_\_\_ **When?** \_\_\_\_\_ **Other diagnoses** \_\_\_\_\_

**Medications/dosage:**\_\_\_\_\_

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**Sibling's name:**\_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:**\_\_\_\_\_

**SSN:**\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:** M F **Birth wt:** \_\_\_\_\_

**Ethnicity:** Hispanic Non Hispanic

**Race:** 1. American Indian/ Alaska native 2. Asian 3. Black/African American  
4. White 5. Hispanic/ Latino 6. Native Hawaiian /Pacific Islander

**ADHD diagnosed?** \_\_\_\_\_ **at what age?** \_\_\_\_\_

**Meds/dosage** \_\_\_\_\_

**Other diagnoses:** \_\_\_\_\_

**Sibling's name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:** M F **Birth Wt:** \_\_\_\_\_

**Ethnicity:** Hispanic Non Hispanic

**Race:** 1. American Indian /Alaska native 2. Asian 3. Black/African American  
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**ADHD diagnosed?** \_\_\_\_\_ **at what age?** \_\_\_\_\_

**Medications/dosage** \_\_\_\_\_

**Other diagnoses:** \_\_\_\_\_

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**Sibling's name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:** M F **Birth Wt:** \_\_\_\_\_

**Ethnicity:** Hispanic Non Hispanic

**Race:** 1. American Indian /Alaska native 2. Asian 3. Black/African American  
4. White 5. Hispanic / Latino 6. Native Hawaiian/Pacific Islander

**ADHD diagnosed?** \_\_\_\_\_ **at what age?** \_\_\_\_\_

**Meds/dosage** \_\_\_\_\_

**Other Diagnoses:** \_\_\_\_\_